HUMAN PSYCHOPHARMACOLOGY

CASE REPORT

Exhibitionism and Low-Dose Trazodone Treatment

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We describe the case of a 37-year-old man who had suffered from exhibitionism for 10 years. The strength of the patient’s urges to act out decreased gradually with the commencement of low-dose trazodone treatment. During the 2 years of trazodone treatment, there was no acting out. The medicine was gradually decreased and eventually discontinued. The patient’s impulse manifested only once, but it responded well to trazodone resumption. Thereafter, the patient has neither acted out nor had impulses, even without trazodone, for the following 2 years. This case suggests that trazodone can be useful in the treatment of exhibitionism and it can enhance the remitting process of exhibitionism in some patients. Copyright © 2000 John Wiley & Sons, Ltd.

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INTRODUCTION
Exhibitionism may be defined as the display of the penis to another person or persons outside an intimate relationship and as a limited act without further progress toward assault or intercourse being either intended or desired (Snaith, 1983). According to DSM-IV, there are recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving the exposure of one’s genitals to an unsuspecting stranger over a period of at least 6 months. Moreover, these fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Although the treatment of exhibitionism is extremely difficult, there are several reports demonstrating the effects of serotonergic antidepressants such as clomipramine (Wawrose and Sisto, 1992; Casals-Ariet and Cullen, 1993; Torres and Cerqueira, 1993), fluoxetine (Perilstein et al., 1991; Bianchi, 1990), fluvoxamine (Zohar et al., 1994) and paroxetine (Abouesh and Clayton, 1999). However, all these reports only investigated the effects over a period of several weeks to several months at the most. Given the recurring nature of the behaviour, such a duration seems insufficient.

In the present study, we followed a man with a 10-year history of exhibitionism for 2 years with trazodone treatment and for another 2 years without medicine. To our knowledge, there are no reports of the use of trazodone with exhibitionism in the literature.

CASE REPORT
Mr A, a 37-year-old married photographer of a large newspaper publishing company and father of two children, was referred to us because he was arrested for exposing his penis to high-school girls.

Ten years prior to our clinical encounter, he felt an intense pleasure when some girls happened to stare at his penis in a public lavatory. Thereafter, he began to exhibit his penis to girls or women who were unknown to him. He suffered from stress, irritability and insomnia at the time of the first act of exposure, which was considered to be a depressive state. During the following 10 years, he felt the impulse to expose himself to females approximately once a month. Although he considered his impulses reprehensible and tried to suppress them, his...
Mr. A was alert, and his intelligence and memory were within normal limits. His mood was depressive, but there was no disturbance in thought stream or content. He experienced neither hallucinations nor delusions. Interestingly, he denied a tendency toward voyeurism, i.e., the act of observing and/or taking a picture of an unsuspecting person who is naked. We suspected this tendency because he was a photographer. The patient had no family history of psychiatric illness.

Neurologically, the patient had no abnormalities in light reflex in the pupils, deep tendon reflex, sensory function, or motor function. A complete blood count and tests of renal, liver, and thyroid function revealed no abnormalities. The level of testosterone was normal. A magnetic resonance imaging scan of the patient’s brain showed no abnormality. Also, electroencephalography revealed no abnormality.

We began treating the patient with lithium, but a drug eruption occurred. Thus, lithium was discontinued, and administration of 50 mg/day of trazodone was begun. After 2 weeks of trazodone treatment, the patient’s depression improved and he was able to resume work. After 4 weeks of trazodone treatment, the patient had a sexual dream where he exposed himself to a female, but he did not experience any impulse after the dream. After 4 months of trazodone treatment, he had a dream where he was arrested due to his exhibition. During our interview after the dream, he confessed that he experienced a pleasant feeling when he thought about his exhibition approximately once a month. However, he denied any impulse or any acting out. Trazodone was increased to 100 mg/day to ensure that nothing happened. As nothing did happen during the subsequent 2 weeks, trazodone was decreased to 50 mg/day. After 7 months of trazodone treatment, he recalled a past experience of exhibition with a pleasant feeling and masturbation when he left his home town due to his work as a photographer. This feeling was not as intense as his past impulses. This did not lead to exhibition, and no further related pleasant feelings or impulses occurred. After 12 months of trazodone treatment, trazodone was decreased to 25 mg/day. Thereafter, the patient experienced no impulses, although he sometimes had a related dream. The content of his dream gradually changed from sexual to non-sexual. Trazodone was further decreased to 25 mg/2 days and later to 25 mg/3 days. Although he had a fantasy about exhibition and/or recalled his past exhibition once a month or less frequently, he did not experience the impulse to expose himself or actually expose himself. During trazodone treatment, he sometimes experienced general fatigue and/or dizziness which was probably induced by trazodone, but he did not suffer from priapism and was able to have normal sexual intercourse.

After 2 years of trazodone treatment, trazodone was discontinued. Three months after trazodone discontinuation, the patient had a sexual dream and an intense impulse to exhibit himself. He had 25 mg of trazodone once by himself, with the result that he was able to suppress his impulse and exhibition. Further trazodone treatment was unnecessary. During the following 2 years without any medicine, he came to our clinic regularly and reported that he had experienced no sexual dream or impulse and that he had not exposed himself.

With regard to the association with mood disorder, overall, he tended to expose himself particularly during a stressful situation where he seemed to suffer from depressive state before our clinical encounter although there were no other depressive state before trazodone treatment. However, he did not suffer from any mood disorder or exposing himself during the 2 years with trazodone and the subsequent 2 years without it.

DISCUSSION

In the present case, an approximately monthly impulse to exhibit himself occurred, and the patient exposed himself once or twice a year for the previous 10 years. However, neither the impulse nor exhibition occurred during 2 years of low-dose trazodone treatment, although there were a few sexual dreams and fantasies about exhibition. Moreover, an intense impulse recurred 3 months after trazodone discontinuation. These facts demonstrate that low-dose trazodone was effective in the treatment of exhibitionism in this patient. Moreover, the change of his recurring dream from sexual to non-
sexual also seems to have been due to trazodone treatment.

Given the sequence of the patient’s previous experiences (i.e. a sexual dream followed by an impulse to expose himself and thereafter exposing himself), it seems possible that trazodone may have prevented the impulse and exhibition by changing the content of the dream so that it was non-sexual. However, this hypothesis seems unlikely because a man having a sexual dream is not always an exhibitionist. Alternatively, it seems probable that the effects of trazodone are related to the modulation of neurotransmitter systems (probably serotonergic system) which are involved in exhibitionism and that trazodone can treat the dream, impulse, and exhibition almost concurrently. There is another possibility that trazodone effects could be indirectly related to an overall reduction in sexual drive because this is a common side effect of serotonergic antidepressants. However, it seems unlikely since the patient was able to have normal sexual intercourse during trazodone treatment. If he had been put on higher doses of trazodone, he might have suffered from a sexual dysfunction such as priapism (Gitlin, 1994; Nakamura and Kotorii, 1996). Therefore, it seems important that he was able to respond to a low dose of trazodone.

With regard to sexual dysfunction, trazodone can induce erectile dysfunction and decrease libido much less than other antidepressants such as selective serotonin reuptake inhibitors. Thus, with respect to maintaining normal sexual function, a low dose of trazodone may be one of the best medicines for treating exhibitionism.

It is of interest that even when trazodone was discontinued, there was no recurrence of the exhibition, impulse, or sexual dream except for one relapse of impulse. Although there is a possibility that a natural remission occurred, it is probable that trazodone enhanced the remitting process in this patient because his remission occurred just after trazodone treatment. Since other reports regarding the acute effects of serotonergic antidepressants (Perilstein et al., 1991; Wawrose and Sisto, 1992; Casals-Ariet and Cullen, 1993; Torres and Cerqueira, 1993; Bianchi, 1990; Zohar et al., 1994; Abouesh and Clayton, 1999) did not follow their patients for a long time, it is not clear whether this effect is specific to trazodone or not.

In any case, this report is an open case study, and the findings may be anecdotal. Nonetheless, this may suggest that a comparative trial of different medications, including details of presence of mood disorder in relation to exhibitionism, would be worthwhile.

REFERENCES